

L21000402456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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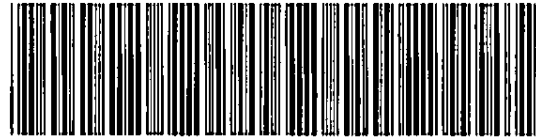
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mindful Medical and Health Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Flynn

Name of Person

Mindful Medical and Health Services LLC

Firm/Company

160 NW Central Park Plaza Suite 104

Address

Port St. Lucie, FL 34986

City/State and Zip Code

[lisa@mindfulhealthservices.com](mailto:lisa@mindfulhealthservices.com)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Flynn

at (772) 812-6852

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Mindful Medical and Health Services LLC
2. (a) 160 NW Central Park Plaza  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 104  
Port St. Lucie, FL 34986
- (b) Same as Principal address  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*
3. 09/10/2021 Date of filing/registration in Florida
4. L21000402456 Document number
5. (a) Baksh, Justin K  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
160 NW Central Park Plaza  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 105  
Port St. Lucie, FL 34986
- (b) Lisa Flynn  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
160 NW Central Park Plaza  
**NEW Registered Office Address**:  
Suite 104  
Port St. Lucie, FL 34986

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lisa Flynn  
Signature of a member or authorized representative of a member

Lisa Flynn  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Lisa Flynn  
Signature of Registered Agent